•	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								10/567608				FILING DATE		
	·	(FOR US	E WITH	FORM	PTO-875		APPLICAN	it(s)							
	AS FILED		AFTER		AFTER 2 MAMERIDMENT		LAIMS	AS FILED		AFTER CAMENDMENT		AFTER			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.		2 MAMI	NDMER		
<u>1</u>			-				51		DEI.	uvo.	DEP.	IND.	DE		
3				 		 	52			,	 				
4				 		 	<u>53</u> 54		· · · · ·	, , , , ,			 		
5							55				-				
7			<u> </u>				56								
8				ļ	ļ	ļ	57						<u> </u>		
9					 -	 	58								
10						 	59 60			<u> </u>					
11 12							61								
13						<u> </u>	62					· · · · · ·	 		
14						 	63						-		
15						 -	64 . 65			* _F					
16	 ,						66					<u> </u>			
17 18							67								
19	····					 	68								
20		:		-		 	69 .70								
21				·			71								
22 23							72								
24							73								
25		-					74 75								
26		·					76					[
27 28			· .				77								
29							78 79								
30							80								
31 32							81						 -		
33							82								
34							83 84	<u> </u>							
35							85								
36 37							. 86						 -		
38						<i></i>	87 88					-			
39							88								
40							90			 					
41 42							91								
43					<u></u>	·	92 93								
44							94								
45 . 46							95								
40							96								
48	`						97								
49							99								
50 TAL IND.		1					100		<u>.</u>						
TAL DEP		44	-	4		4	TOTAL DEP.		*		4		4		
TOTAL						9	TOTAL		10000000	 ,	√ 01		1		
ZADAS			. 5				CLAIMS			į					